



**DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE DIVISION
OPERATIONAL PROCEDURE**

Procedure No.: PPD 5.1.202	Subject: FINANCIAL RESOURCES FOR OFFENDERS	
Reference: DOC 4.5.29; DOC 4.6.2; 53-1-203, MCA	Page 1 of 3	
Effective Date: 09/15/15	Revised:	
Signature / Title: /s/ Kevin Olson, Probation and Parole Division Administrator		

This procedure is referenced as ACCD 5.1.202 Prerelease Stipend and Special Needs Funding in Section 1.G.1.c. Standard Contract Terms; Compensation/Billing; Compensation; Special funds, in the following contracts: Alternatives, Inc., Butte Prerelease, Gallatin County Reentry Program, Helena Prerelease, and Passages.

I. PURPOSE:

The Probation and Parole Division's employees and facilities will follow established procedures when requesting funds that are available to assist offenders.

II. DEFINITIONS:

Contract Manager – The Department's employee who acts as the liaison for services and monitors the contractual agreement between the Department and PPD contract treatment facilities and prerelease centers.

CSD-Clinical Services Division – The division that oversees all medical, mental health, dental and vision for all offenders in the custody of the Department in secure and contracted facilities.

Mental Disorder – As defined by §53-21-102, MCA, any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. As defined by *DSM-V*, a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Offenders with Mental Health Needs – Offenders who currently, or at any time have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

PPD-Probation and Parole Division – The Division oversees the Probation & Parole regional offices, interstate transfers, and the facilities that provide assessments and sanctions, training, prerelease, and treatment services.

III. PROCEDURES:

A. FUNDS FOR TRANSITIONAL ASSISTANCE

1. General Guidelines:

- a. Funds for transitional assistance are available to offenders in a prerelease center, treatment facility, or under the supervision of Probation & Parole (P&P). The requested funding must be reasonable and justifiable and specifically allocated for a service, equipment, or other

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need to expedite an offender's discharge from a prerelease center, to help in an offender's completion of a program, or for an offender's ongoing need in the community.

- b. The offender must be in compliance with his/her supervision.
- c. The offender must have no means to pay for the needed service.
- d. For offenders who are flat discharging upon release from a facility, a maximum of \$300 is available.
- e. Requests for transitional assistance funds will be reviewed and considered on a case-by-case basis by the Contract Manager or designee.
- f. A request may be pre-approved when the offender's needs have been identified, even if prior to placement, or can be requested during offender's placement.
- g. Once approved, funds will be disbursed only to a vendor; however, funding will not be used for payment of offender's overdue expenses (rent, utilities, etc.). Funds will not be disbursed to family members or friends or used for their expenses.
- h. If an offender approved for funds receives a revocation before the funds are used, the funds will be returned to the Department.

2. Requests for Transitional Assistance:

- a. *PPD 5.1.202(A) Transitional Assistance Request* must be completed and include:
 - i. information regarding the offender's progress, conduct and general attitude;
 - ii. treatment completed (if applicable);
 - iii. the amount of money the offender has in his/her resident account and any outstanding debts;
 - iv. the length of time the offender would have to remain in the program, should funding not be approved;
 - v. the monetary savings to the Department for an early release;
 - vi. identification of needed assistance, such as room and board, weekly draws, medication, treatment costs, etc.;
 - vii. an estimated monthly cost;
 - viii. length of time assistance will be needed;
 - ix. background information and justification for needed assistance identified, contingency plans, etc.; and
 - x. vendor information.
- b. *Request* is submitted as follows:
 - i. Facility staff submits *Request* to Facility Administrator or designee for signature; or
 - ii. IPPO/P&P Officer submits *Request* to Regional Administrator (RA) or designee for signature.
 - iii. Facility Administrator or RA submits *Request* to the Contract Manager at correquests@mt.gov. Email subject line must read as follows: "Facility name/P&P: Transitional Assistance: offender last name, first name: DOC #."
- c. If approved by Contract Manager, *Request* is forwarded to the contract beds accountant, PPD budget analyst and requesting staff. Approved vendor(s) will be instructed to submit their bill to the Department for processing/payment; however payment may be made to the facility, which then makes payment to the appropriate vendor for expenses or needs.

B. FUNDS FOR PRESCRIPTION MEDICATION FOR OFFENDERS WITH MENTAL ILLNESS

1. *DOC Policy 4.5.29, Prescription Medication for Offenders with Mental Illness* must be reviewed for all procedures required for the program:

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- a. general requirements;
 - b. offender eligibility and removal from program;
 - c. staff requests for medication, progress reports, and monitoring; and
 - d. distribution of funds.
2. Once the staff member supervising the eligible offender has obtained the required information, *DOC 4.5.29 (Attachment) Mental Illness Medication Request* form must be completed and signed by the staff member. The request is submitted electronically to cormentalhealth@mt.gov for approval:
 - a. A copy of the prescription must be attached to the request form.
 - b. Email subject line must read as follows: Facility/P&P: MH Meds: offender last name, first name: DOC#.
 - c. CSD will review and approve or deny request. Approvals will be electronically signed and returned to the requestor.

C. TREATMENT FUNDS FOR PROBATION & PAROLE OFFENDERS

1. These funds may be available through Department general fund monies and are distributed to each region according to the number of offenders in that region. To be eligible, an offender must be under direct P&P supervision, unable to participate in needed treatment due to a lack of finances, and all other avenues of funding have been explored. Use of these funds include, but are not limited to:
 - a. Anger Management
 - b. Moral Reconciliation Therapy (MRT)
 - c. CD Evaluations/Counseling
 - d. Psychological Evaluations
 - e. Sexual Offender Polygraph Examinations
 - f. Psycho-Sexual Evaluations or Sexual Offender Treatment
2. The offender's supervising P&P Officer will make a request by completing *PPD 5.1.202(B) Request for P&P Treatment Funds* and submitting it to the RA. The *Request* must include the following:
 - a. name of offender;
 - b. type of service requested;
 - c. duration of treatment and cost of service;
 - d. name of vendor; and
 - e. the reason for financial request.
3. Approved vendor(s) will be instructed to submit their bill to the RA or designee for processing/payment. Expenditures will be tracked at the regional level.

IV. CLOSING:

Questions regarding this procedure should be directed to the Contract Manager or RA.

V. FORMS:

PPD 5.1.202 (A)	Transitional Assistance Request
PPD 5.1.202 (B)	Request for P&P Treatment Funds
DOC 4.5.29 (Attachment)	Mental Illness Medication Request